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FEB 03 2005

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FAX

DATE: 2/3/05 Our Ref.: 10/656,684
(CHALB:045)

TO: Examiner Philip C. Tucker
CO.: Art Unit 1712, USPTO
FAX #: 703 872 9306 PHONE #: _____
FROM: Karen Tripp

RE: _____

NUMBER OF PAGES: 5 (including coversheet)

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PTO/SB/21 (09-04)

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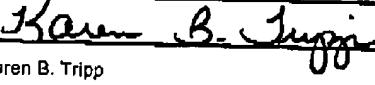
Total Number of Pages in This Submission

	Application Number	10/656,084
	Filing Date	September 5, 2003
	First Named Inventor	Jeff Miller
	Art Unit	1712
	Examiner Name	TUCKER, PHILIP C.
4	Attorney Docket Number	HALB:045

ENCLOSURES (Check all that apply)

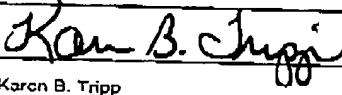
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Karen B. Tripp, Attorney at Law		
Signature			
Printed name	Karen B. Tripp		
Date	February 3, 2005	Reg. No.	30,452

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	
Typed or printed name	Karen B. Tripp
Date	February 3, 2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEES TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
180.00**Complete if Known**

Application Number	10/656,684
Filing Date	September 5, 2003
First Named Inventor	Jeff Miller
Examiner Name	TUCKER, PHILIP C.
Art Unit	1712
Attorney Docket No.	HALB:045

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-0807</u>				Deposit Account Name: Karen B. Tripp, Attorney
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	_____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	_____

HP = highest number of independent claims paid for, if greater than 3.

Small Entity

Fee (\$)	Fee (\$)
50	25
200	100
360	180

Multiple Dependent Claims

Total	Fee (\$)	Fee Paid (\$)
_____	_____	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	/ 50 = _____ (round up to a whole number) x _____	_____	_____

4. OTHER FEES

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

180.00

SUBMITTED BY

Signature

*Karen B. Tripp*Registration No.
(Attorney/Agent) 30,452

Telephone 713 658 9323

Name (Print/Type)

Karen B. Tripp

Date February 3, 2005

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			
Applicant(s): Jeff Miller and Jeff Kirsner			
Application No. 10/656,684	Filing Date September 5, 2003	Examiner TUCKER, PHILIP C.	Docket No. HALD:045
Group Art Unit 1712			
Invention: Drilling Fluid and Method for Enhanced Suspension			
<p>I hereby certify that this <u>Supplemental Information Disclosure Statement</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703 872 9306</u>) on <u>February 3, 2005</u> (Date)</p> <p style="text-align: right;">_____ Karen B. Tripp (Typed or Printed Name of Person Signing Certificate)  (Signature)</p>			
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Feb 03 05, 09:49P

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<p>Substitute for form 1449/PTO</p> <p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p><i>(Use as many sheets as necessary)</i></p>	<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>10/656,684</td> </tr> <tr> <td>Filing Date</td> <td>September 5, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Jeff Miller</td> </tr> <tr> <td>Art Unit</td> <td>1712</td> </tr> <tr> <td>Examiner Name</td> <td>TUCKER, PHILIP C.</td> </tr> <tr> <td>Attorney Docket Number</td> <td>HAL-B-045</td> </tr> </table>	Application Number	10/656,684	Filing Date	September 5, 2003	First Named Inventor	Jeff Miller	Art Unit	1712	Examiner Name	TUCKER, PHILIP C.	Attorney Docket Number	HAL-B-045
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First Named Inventor	Jeff Miller												
Art Unit	1712												
Examiner Name	TUCKER, PHILIP C.												
Attorney Docket Number	HAL-B-045												
Sheet 1 of 1													

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ² -Number ³ -Kind Code ⁴ (If known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear
					T ⁵

Examiner Signature		Date Considered	
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